

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT

11707 Wilson et al 10-23-87

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8						
9		6				
10		6				
11		6				
12		6				
13		6				
14		6				
15		6				
16		6				
17		6				
18		6				
19		6				
20	1					
21						
22	1					
23						
24	1					
25						
26		6				
27		6				
28		6				
29		6				
30		6				
31		6				
32		6				
33		6				
34		6				
35		6				
36		6				
37		6				
38		6				
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	36					
TOTAL CLAIMS	43					

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75			1			
76				1		
77				1		
78				1		
79				2		
80				1		
81				2		
82				1		
83			1			
84				1		
85				1		
86				1		
87				2		
88				1		
89				2		
90				2		
91				2		
92				2		
93						
94			1			
95			1			
96						
97			1			
98						
99						
100						
TOTAL IND.			7			
TOTAL DEP.				52		
TOTAL CLAIMS			29			